 TRANSMITTAL FORM (to be used for correspondence after initial filing)	Application Number	09/916,648	
	Filing Date	07/30/2001	
	First Named Inventor	Martin Birk	
	Group Art Unit	2633	
	Examiner Name	Negash, Kinfe Michael	
Total Number of Pages in this Submission	14	Attorney Docket Number	2000-0482

Enclosures (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits / Declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment & Recordation Cover Sheet
<input type="checkbox"/> Drawing(s) & Letter to Official Draftsman
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition to the Commissioner
<input type="checkbox"/> Petition to Convert a Provisional Application
<input checked="" type="checkbox"/> Appointment of New Attorney and Change of Correspondence Address
<input checked="" type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> CD, Number of CDs
<input type="checkbox"/> Additional enclosure(s) (please identify below) |
|--|---|---|

Remarks: In Response to the Office Action dated 02/07/2005

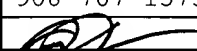
CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below

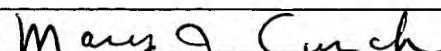
NAME	Samuel H. Dworetzky				
ADDRESS	AT&T CORP., One AT&T Way, Room 2A-207				
CITY	Bedminster	STATE	New Jersey	ZIP CODE	07921
COUNTRY	United States of America	FAX	908 532-1281		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

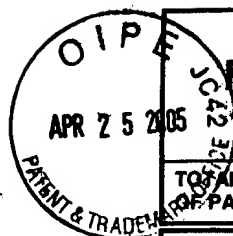
NAME	Gary H. Monka	Reg. #	35290
TELEPHONE	908 707-1573		
SIGNATURE		DATE	4/21/2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 4/21/2005

Type or Printed Name	Mary J. Curch		
Signature		Date	4/21/2005

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL

Patent Fees are subject to annual revision.

TOTAL AMOUNT
OF PAYMENT

\$130

Complete if Known

Application Number 09/916,648

Filing Date 07/30/2001

First Named Inventor Martin Birk

Examiner Name Negash, Kinfe Michael

Group/Art Unit 2633

Attorney Docket No. 2000-0482

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745
 Deposit Account Name AT&T CORP.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

FEE CALCULATION

1. FILING FEE

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1001	770	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
1002	340	Design Filing Fee	
1004	770	Reissue Filing Fee	
1005	160	Provisional Filing Fee	

SUBTOTAL (1)

2. CLAIMS

☐ Filing Under 37CFR 1.53 (b)☐ CPA Under 37CFR 1.53 (d)☒ Amendment

	Extra Claims		Fee from below		Fee Paid
Total	- 20 =	0	X		
Ind.	- 3 =	0	X		
Multiple Dependent Claims					

Large Fee Code	Entity Fee(\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent Claims in excess of 3
1203	290	Multiple Dependent Claims
1204	86	** Reissue independent claims over original patent
1205	18	** Reissue claims in excess of 20 and over original patent

** or number previously paid, if greater; for Reissues, see above

SUBTOTAL (2)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2520	For filing a request for reexamination	
1804*	920	Requesting publication of SIR prior to Examiner action	
1805*	1840	Requesting publication of SIR after Examiner action	
1251	110	Extension for response within first month	
1252	420	Extension for response within second month	
1253	950	Extension for response within third month	
1254	1480	Extension for response within fourth month	
1255	2010	Extension for response within fifth month	
1401	330	Notice of Appeal	
1402	330	Filing a brief in support of an appeal	
1403	290	Request for oral hearing	
1504	300	Publication fee for early, voluntary, or normal publication	
1452	110	Petition to revive - unavoidable	
1453	1330	Petition to revive - unintentional	
1501	1330	Utility issue fee (or reissue)	
1502	480	Design issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee for provisional applications	
1806	180	Submission of Information Disclosure Statement	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	Request for Continued Examination (RCE)	
1802	900	Request for expedited exam of a design application	

Other fee (specify):

Statutory Disclaimer 37 C.F.R. § 1.20(d)

130.00

SUBTOTAL(3) 130

SUBMITTED BY

Typed or Printed Name John Etchells

Complete (if applicable)

Reg. Number

Signature

Date

4/21/05

Deposit Account User ID

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